Town and County of Nantucket Human Resources Office

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RECURRING DIRECT DEDUCTIONS AUTHORIZATION FORM (PLEASE INCLUDE A VOIDED CHECK)

This is permission for recurring Direct Deductions. As an authorized signor on the Bank Account presented, by completing and signing this form you give The Town/ County of Nantucket permission to debit your account on or around the 1st of each month for the services and amount indicated below. This authorization is to remain in full force and effect until the Town/ County of Nantucket has received written notification

from me of its termination.				2 00 4110 01 1 14110 01 1140 1	
Depositary Name/ Authorized Signor:					
Address:					
Phone Number:					
Insurance Policy:					
Family/ Individual coverage:					
Recurring Monthly Withdrawal An	mount:				
Frequency: □ Monthly, □ Annu	al Basis, □	Number	of Payments	Recurring Withdrawal End Date (if any):	
Financial Institution:	1		1		
Bank of America Nantucket Bank Pacific National Bank 61 Main Street Nantucket, MA 02554 Nantucket MA Nantucket MA		reet	OTHER: (Ple	ase provide bank name & a	ddress)
Account Type (please circle one):					
CHECKING SAVINGS			James Anderson (912) 525-0322 123 Main Street Anysonn, AM SS-10	check number	8888
Account Number:			Routing Number: Account Number:		
Routing Number:			9 digits between 10 location at bottom m	symbols. Do not include check number. Sociation at bottom may vary	
*A voided check or bank printout mu	st accompany this	authorization			without the voided check or
bank print out. * I understand in sign and financial institution named above. indicated above and only for the occur	ing this form that I This Direct Deduc	I authorize the ction payment	e Town/County of authorization is	of Nantucket to electronicall for the insurance policy desc	y debit the account number cribed above, for the amount
Employee Signature			Date:		
HR Confirmation of Receipt:				Date:	
Payroll Confirmation of Receipt:				Date:	
NEW Direct Deduction CHANGE Direct Deduction CANCEL Direct Deduction			tive Date		
ELECTRONIC DIRECT DEDUCTION REQUES				ON FORM AND ATTACHMENTS MUS	I T BE SUBMITTED TO HUMAN